

**University of Maryland
Medical Center
Department of Medicine
And
University of Maryland School of Medicine
Agreement with
Veterans Affairs Medical Center
for Training of Residents
in Internal Medicine**

This Agreement, entered into as of the 16th day of May, 2007, is between the University of Maryland Medical Center, a health care facility owned and operated by the University of Maryland Medical System Corporation, a Maryland tax-exempt corporation, on behalf of its Department of Internal Medicine ("UMMC"), the University of Maryland School of Medicine, an academic unit of the University of Maryland, Baltimore, a Maryland public institution of higher education created by State law ("SOM") and the Veterans Affairs Medical Center (Hospital).

The purpose of this Agreement is to enable residents in UMMC's Department of Internal Medicine Residents"), to gain additional clinical experience by rotating to Hospital.

I. Joint Rights and Obligations

- A. Hospital, UMMC, and SOM shall agree, in writing, by June 30, on numbers and PG year of Residents, and days and hours for Residents to be at Hospital. No more than 48-49.5 Residents shall be assigned per year to Hospital by UMMC. See Attachment A for specific information on duration of assignment for each Resident to be at Hospital.
- B. Hospital, UMMC, and SOM agree that the educational experience and clinical objectives for Residents shall be as provided in Attachment B.
- C. No party will discriminate against any Resident on the basis of race, color, creed, sex, religion, age, sexual orientation, national origin, or non-disqualifying handicap.
- D. The liaison for each party who shall be primarily responsible for planning and exchange of information under this Agreement, but shall not be empowered to modify this Agreement, is Philip A. Mackowiak, M.D. for Hospital and Susan D. Wolfsthal, M.D. for UMMC and SOM. The Hospital liaison has administrative and educational responsibilities for the Residents and for ensuring appropriate supervision of Residents.
- E. Hospital, UMMC and SOM will cooperate in meeting due process standards applicable to academic evaluations or disciplinary actions by UMMC and SOM that may adversely affect Residents. In the event of administrative or legal proceedings involving a Resident, each party will bear its own expenses.
- F. By written notice, Hospital, UMMC, or SOM may require that its name be removed from documents and other forms of communication that misrepresent its relationship to the other parties or misrepresent the nature of the training relationship.

II. Representations and Obligations of UMMC

- A. UMMC operates and will operate a properly ACGME accredited program for the training and education of Residents in Internal Medicine ("Program").
- B. UMMC will assign to Hospital for clinical training only those Residents in the Program who:

**PLAINTIFF'S
EXHIBIT**

8

1. have successfully completed any prior clinical training
 2. have been registered or licensed with the Maryland Board of Physicians
 3. have health insurance;
 4. will attend any Hospital specific training required by Hospital on infection control practices, safety, disaster, and other areas and any Hospital required orientation;
 5. have had all medical clearances necessary to use respiratory protection; and
 6. have all health immunizations required by Hospital policies.
- C. UMMC will provide to Hospital the UMMC policies and procedures governing the Residents' education while rotating at the Hospital.
- D. To the extent that UMMC may be considered a "business associate" of Hospital under the Health Insurance Portability and Accountability Act of 1996 Privacy and Security Rule, and to the extent UMMC is provided protected health information ("PHI") by Residents or may access PHI in review of Resident performance, UMMC agrees that it will:
1. Use only a limited data set ("LDS") if possible;
 2. If an LDS is not possible, de-identify any PHI or LDS as soon as reasonably possible;
 3. Use and disclose PHI or LDS only as necessary to perform its responsibilities in operating the Program and evaluating the Residents;
 4. Make any use or disclosure of the PHI or LDS in accordance with its established policies, procedures and requirements;
 5. Make all reasonable efforts not to use or disclose more than the minimum amount of PHI or LDS necessary to accomplish the purpose of the use or disclosure;
 6. Only make uses or disclosures that would not violate the Privacy and Security Rules if done by Hospital;
 7. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI or LDS other than as provided for by this Agreement;
 8. Implement reasonable administrative, physical, and technical safeguards to protect the confidentiality, integrity, and availability of PHI or LDS in accordance with the Privacy and Security Rule;
 9. To the extent practicable, mitigate any harmful effect known to UMMC of a use or disclosure of PHI or LDS in violation of this Agreement;
 10. Report immediately to Hospital any use, disclosure, or breach of security of PHI or LDS not authorized by this Agreement of which it becomes aware;
 11. Make available to the Secretary of Health and Human Services or to Hospital its internal practices, books and records relating to the use and disclosure of PHI or LDS for purposes of determining compliance with the Privacy and Security Rule, subject to any applicable legal privileges;
 12. No later than the termination of this Agreement, destroy all PHI or LDS that it still maintains and retain no copies of such PHI or LDS;
 13. Not attempt to contact the subject of any PHI or LDS; and
 14. Ensure that any subcontractors or agents to whom UMMC provides the PHI or LDS agree to the same restrictions as those applicable to UMMC.

III. Hospital Rights and Obligations

- A. After notice to UMMC, Hospital may remove UMMC Residents from Hospital if Hospital deems their presence is adverse to Hospital for any reason, including, but not limited to, lack of professional demeanor, incompetence, or failure to adhere to Hospital policies.
- B. Hospital remains responsible for patient care at Hospital.
- C. Hospital is not responsible for medical care for Residents at Hospital except for first aid for minor illness at Residents' expense.

- D. Hospital liaison has responsibility for teaching Residents and will permit Residents to participate in the procedures outlined in the Attachment B concerning the educational experiences and clinical objectives while under the appropriate supervision of Hospital staff.
- E. Hospital and its liaison are responsible for complying with ACGME general requirements and ACGME RRC specialty requirements applicable to UMMC's training Program, including but not limited to, guarantee of due process for the Residents, providing appropriate supervision, and adherence to duty hours requirements as defined by ACGME and which are found at <http://www.acgme.org>. Consistent with these requirements, UMMC's policies also apply to Residents, including, but not limited to, those on Due Process Hearing Procedure (GMS -C) , Resident Supervision (GMS-H) and Duty Hours (GMS-P) found at and <http://www.umm.edu/gme/>
- F. Hospital appoints Residents as Hospital employees without compensation, and their activities within the scope of their Hospital duties will be covered by the Federal Tort Claims Act.
- G. If a Resident is exposed to blood or body fluids as defined in Section 18-338.1 of the Health General Article of the Maryland Code, while rotating at Hospital pursuant to this agreement, Hospital will, in accordance with §18-338.1, request patient testing as provided in §18-338.1. Hospital shall immediately coordinate with UMMC Employee Health Services (410-328-2337 ext 7845) to ensure that the exposed Resident is provided with counseling, testing, and immediate medication as indicated.
- H. Hospital staff will provide UMMC with an evaluation of Resident performance through written evaluations of Resident competency on a one to one basis by Hospital staff designated as clinical instructors.
- I. Hospital will provide Residents with laundry.

IV. Administrative Provisions

- A. This Agreement starts on July 1, 2006 and ends on June 30, 2011, unless terminated earlier.
- B. Any modification of this Agreement, including any extension, shall be effective only if in writing and signed on behalf of all parties.
- C. Any party may terminate this Agreement at any time with 90 days prior written notice. Such termination shall apply only to future rotations of Residents to Hospital and shall not affect the current rotation of a Resident at Hospital.
- D. This Agreement does not create a joint venture or partnership between Hospital, UMMC, and SOM, is not a third party beneficiary agreement, and creates no rights for Residents.
- E. The law of the State of Maryland shall govern this agreement; the parties agree to be subject to the jurisdiction of the Maryland courts.
- F. Until the expiration of four (4) years after the furnishing of services under this contract, UMMC, SOM, and Hospital will make available to the Secretary, US Department of Health and Human Services, and the US Comptroller General, and their representatives, this contract and all books, documents and records necessary to certify the nature and expense of the cost of those services. If UMMC or Hospital carries out the duties of this contract by sub-contract worth \$10,000 or more over a 12 month period with a related organization, the sub-contract will also contain an access clause to permit access by the Secretary, Comptroller General, and their representatives to the related books and records.

G. Any notices under this Agreement shall be sent, in writing, by hand or first class mail to:

• if to UMMC or SOM:
Frank M. Calla, M.D., M.A.C.P.
Chairman, Department of Internal Medicine
University of Maryland Medical Center
22 South Greene St.
Baltimore, Md. 21201

Jeffrey A. Rivest
President and Chief Executive Officer
University of Maryland Medical Center
22 S. Greene St.
Baltimore, Md. 21201

Timothy J. Babineau, M.D.
Senior Vice President and Chief Medical Officer
Executive Office
University of Maryland Medical Center
22 S. Greene St.
Baltimore, Md. 21201

Nancy Ryan Lowitt, M.D., Ed.M., F.A.C.P.
Associate Dean for Professional Development
And Faculty Affairs
University of Maryland School of Medicine
655 West Baltimore Street 14-015
Baltimore, Md. 21201

If to Hospital:

Dennis H. Smith
Director, VA Maryland Healthcare Systems
Veterans Affairs Medical Center
10 N. Greene Street
Baltimore, Md. 21201

[signatures follow]

UNIVERSITY OF MARYLAND
MEDICAL CENTER

BY: 

Jeffrey A. Rivest
President and Chief Executive Officer

BY: 

Timothy J. Babineau, M.D.
Senior Vice President and Chief Medical Officer

SCHOOL OF MEDICINE
UNIVERSITY OF MARYLAND

BY: 

Nancy Ryan Lowitt, M.D., Ed.M., F.A.C.P.
Associate Dean for Professional Development
And Faculty Affairs

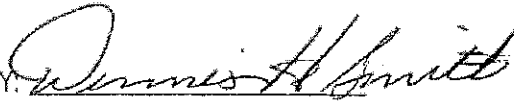
Department of Internal Medicine

BY: 


Frank M. Calia, M.D., M.A.C.P.
Chairman

BY: 

Susan D. Wolfsthal, M.D.
Program Director

BY: 

Dennis H. Smith
Director, VA Maryland Healthcare Systems

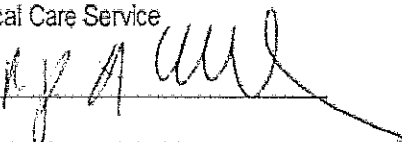
BY: 

Dorothy A. Snow, M.D., M.P.H.
VAMHCS Chief of Staff

BY: 

Christine M. LaGana, Ph.D.
Associate Chief of Staff/Education and
Academic Affairs

Medical Care Service

BY: 

Philip A. Mackowiak, M.D.
Chief

PGY-1 VA ROTATIONS - 2007-2008			PGY-2 VA ROTATIONS - 2007-2008			PGY-3 VA ROTATIONS - 2007-2008		
Resident Names	# Days	Salary	Resident Names	# Days	Salary	Resident Names	# Days	Salary
Adkins, Kimberlee	373	\$42,640	Banushahemi, Michael	79.5	\$44,724	Anderson, Robert	21	\$ 46,784
Agcaoili, Cecily M.	157	\$42,640	Bennis, Annee	102.5	\$44,724	Bakar, Melissa	116	\$ 46,784
Aje, Temilolu	147	\$42,640	Bock, Jeremy	143	\$44,724	Beck, Hiroko	144	\$ 46,784
Ali, Rasha	126	\$42,640	Bock, Joanna	135.5	\$44,724	Brown, Eric	107.5	\$ 46,784
Arnold, Ryan	166	\$42,640	Bridges, Tiffany	200.5	\$44,724	Dalal, Jay	49	\$ 46,784
Azeng, Ezana	174	\$42,640	Brown, Jennifer	108	\$44,724	Dickinson, Gretchen	88.5	\$ 46,784
Babkes, Laura	161	\$42,640	Chaudhri, Nadia	81.5	\$44,724	Dittmar, Philip	70	\$ 46,784
Bagl, Preet	152	\$42,640	Flowers, Adrienne	143	\$44,724	Donadee, Chenell	138	\$ 46,784
Baranaho, Anne E.	28	\$42,640	Frosch, Anne	112	\$44,724	Faust, Robert	207	\$ 46,784
Beckman, Dawn	0	\$42,640	Greenberg, Rachel	108	\$44,724	Gandora, Punnet	98	\$ 46,784
Chen, Lei J.	194	\$42,640	Gudzune, Kimberly	130.5	\$44,724	Grasso, Michael	149.5	\$ 46,784
Condarco, Tania	159	\$42,640	Handy, Sara	56	\$44,724	Hepp, Cheryl	117	\$ 46,784
Cox, Eric	145	\$42,640	Haas, Joseph	179	\$44,724	Hershenson, Jessica	0	\$ 46,784
Elliot, Elizabeth M.	28	\$42,640	Homayounpour, Neda	158	\$44,724	Hur, Suk	110	\$ 46,784
Erickson, Corinne	140	\$42,640	Kato, Elisabeth	21	\$44,724	Karp, Brian	116.5	\$ 46,784
Farrell, Courtney	152	\$42,640	Kim, Bernard	121.5	\$44,724	Kleutz, Paul	40	\$ 46,784
Finkner, Anne	189	\$42,640	Bizzell, Kimberlee	122	\$44,724	Lee, Cindy	93.5	\$ 46,784
Frates, Angela	193	\$42,640	Koldotsky, Dafna	114.5	\$44,724	Mathad, Jyoti	151	\$ 46,784
Gibson, Steven	154	\$42,640	McLean, Leon	116.5	\$44,724	Mira, Neha	77	\$ 46,784
Gore, Marina	42	\$42,640	Moora, Krish	172	\$44,724	Notowidigda, Penat	98	\$ 46,784
Guthall, Mitchell	132	\$42,640	Nayak, Seema	137.5	\$44,724	Novacic, Danica	114.5	\$ 46,784
Holly, Brian P.	28	\$42,640	Novack, Danka	42	\$44,724	Schwartz, Eric	62	\$ 46,784
Jann, Adelene E.	28	\$42,640	Piotnick, Daniel	130.5	\$44,724	Snyder, Graham	123.5	\$ 46,784
Jarrell, Kevin	182	\$42,640	Quezada, Sandra	130.5	\$44,724	Strain, Kathryn	42	\$ 46,784
Kamalpour, Loebat	226	\$42,640	Reitner, Norman	158.5	\$44,724	Taylor-Clarke, Kimberly	102.5	\$ 46,784
Kappor, Shruhi G.	28	\$42,640	Richards, Tanique	175	\$44,724	Teng, Connie	63	\$ 46,784
Kim, Grace J.	26	\$42,640	Shah, Meena	170.5	\$44,724	Thomas, Romina	0	\$ 46,784
Kim, Kyung	166	\$42,640	Siaton, Bernadette	140	\$44,724	Treake, Amy	74.5	\$ 46,784
Kooshesh, Shareh	182	\$42,640	Silhan, Leann	115	\$44,724	Wagner, Lee-Ann	84	\$ 46,784
Koshy, Anoop	193	\$42,640	Weid, Ethel	63	\$44,724	Zarbalian, Kiarash	60.5	\$ 46,784
Lamas, Elizabeth	166	\$42,640	Wermine, Ashley	144	\$44,724	Boughan, Robert	35	\$ 46,784
Lebron, Ralph	143	\$42,640	Wong, Jay	88	\$44,724	Quintones, Mercedes	28	\$ 46,784
Lissauer, Jonathan	154	\$42,640	Wood, Samantha	35	\$44,724	Jacobs, Kern	42	
Merkle, Thomas	180	\$42,640	Unates, Veronica	70	\$44,724			
Mikulsky, Stephanie	140	\$42,640	Oyle, Amy	49	\$44,724			
Monton, Tiffany	152	\$42,640						
Muloiikal, Teresa	168	\$42,640	Total Days	4,063				
OK, John Y.	28	\$42,640	PGY-4 ROTATIONS					
Okoye, Mercy	229	\$42,640	Blome, Sonia	112	\$59,765			
Oluyemi, Aminat	157	\$42,640	Davino, Mark	70	\$48,238			
Paskowitz, Daniel	28	\$42,640	Edwards, Brian	14	\$48,238			
Patel, Ketan B.	28	\$42,640	Gunawardane, Manjula	56	\$48,238			
Patel, Samp	168	\$42,640	Lee, Jefferson	142	\$59,765			
Pokharal, Sajal S.	28	\$42,640	Liu, Jeffrey	335	\$59,765			
Prideaux, Cara C.	28	\$42,640	Pratt, Alexandra	142	\$59,765			
Princawill, Kelechi	238	\$42,640	Habicht, Robert	42	\$48,238			
Saadi, Targol	196	\$42,640	Liang, Steve	28	\$48,238			
Sajal S. Pokharal	28	\$42,640	Martin, Jeanne	91	\$48,238			
Sardanan, Leudvig	70	\$42,640		1,033				
Sherr, Scott	186	\$42,640	PGY-5 ROTATIONS					
Shvartsbeyn, Maranna	182	\$42,640	Zilberstein, Jeffrey	28	\$50,118			
Sinha, Amit	165	\$42,640	Total Days (R-4, R-5)	1,081				
Smith, Catherine	156.5	\$42,640						
Snyder, Jonathan (1)	28	\$42,640						
Sri, Jennifer C.	28	\$42,640						
Sullivan, Donald	154	\$42,640						
Tai, Wainer A.	28	\$42,640						
Takesaka, Jennifer	243	\$42,640						
Thomas, Owen C.	28	\$42,640						
Tsay, Minghan	224	\$42,640						
Vaughan, Leroy	119	\$42,640						
Villemayor, April Joy R.	28	\$42,640						
Vu, John	194	\$42,640						
Watson, Christopher	14	\$42,640						
Yellon Rosenblatt, Paula	158	\$42,640						
Zaidi, Zan	170	\$42,640						
Zeng, Jing	28	\$42,640						
Pierre, Zanthe	21	\$42,640						
Franklin Sq. Residents	308							
OK, Jason	28	\$42,640						
Total Days	8,890							

Attachment B

Name of rotation: VA Medicine Inpatient Rotation Division: Medicine
General Medicine (Green, Yellow, Purple & Orange Teams)

Course Director: Philip Mackowiak, M.D.

Site(s): VA

Duration of rotation: ☒ one month only
☐ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The team structure at the VA changed in July 1999 and consists of four general medicine teams. Team structure consists of an upper level resident who directs the daily clinical activities and plays a key role in teaching two R-1 residents, a subintern and 2 junior students. Ancillary support is provided by a multi-purposed Patient Care Assistant (PCA) who is assigned to each team. The PCA provides direct support to the medical team for phlebotomy and IV needs, record retrieval and assistance with any other non-physician duties related to patient care. Attending rounds, night call and intern and resident responsibilities are the same as at UMMC.

Resident responsibilities, including interns and residents:

The resident's clinical and teaching responsibilities are detailed in the Policy Manual. As team leader, the resident is expected to function as the supervisor of all members of the team and guide the clinical care of the patients and the educational development of the interns and students. The interns have primary care responsibility for all patients admitted to them on their night on-call, including a complete history and physical examination, daily progress notes, documentation of all procedures, and teaching of subinterns and students. All residents are expected to attend Morning Report, Grand Rounds, CPC, Ambulatory Care Seminars and Journal Club during this rotation.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

During this rotation, the PGY-1 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Admit up to 5 patients in 24 hours (or 8 in 48 hours), detailing comprehensive history, physical examination, evaluation and management plan.
3. Write daily progress notes for all patients assigned to the intern.
4. Develop efficiency in providing cross-coverage to patients cared for by other interns and on other teams.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Attain certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills – See master list for these competencies.

1. Enhance their interpersonal, leadership and teaching skills.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.

During this training, the PGY-2, 3 and above resident will:

Patient Care

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Develop increasing independence in patient evaluation and management.
3. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.
1. Demonstrate approach to patient care from the perspective of the generalist, including gatekeeper skills, cost containment, preventive medicine, psychosocial issues and medical ethics through a multidisciplinary approach.
2. Expand their knowledge base in internal medicine.
3. Enhance their interpersonal, leadership and teaching skills.
4. Attain certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.
5. Develop increasing independence in patient evaluation and management.

Check all principle teaching methods used during this rotation:

- | | | | |
|---|--------------------------------------|---|-------------------------------|
| <input checked="" type="checkbox"/> [x] | Attending teaching rounds | <input checked="" type="checkbox"/> [x] | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> [x] | Patient management discussions | <input checked="" type="checkbox"/> [x] | Small group discussions |
| <input checked="" type="checkbox"/> [x] | Conferences specific to rotation | <input checked="" type="checkbox"/> [x] | Bedside clinical rounds |
| <input checked="" type="checkbox"/> [x] | Individual instruction of procedures | <input checked="" type="checkbox"/> [x] | Review of diagnostic studies. |
| <input checked="" type="checkbox"/> [x] | Other: Work Rounds & Sign Out Rounds | | including radiology |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents care for patients with a broad array of general medical illnesses with 100% service cases. The service attending is the physician of record. The service attending teaches on all patients. Clinical encounters include bedside rounds, work rounds, attending rounds, direct primary care by R-1's and clinical evaluation and supervision by upper level residents.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input checked="" type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- ☒ Evaluation of residency performance and professionalism
- ☒ Evaluation of attending teaching skills and other attributes
- ☒ Rotation assessment by resident
- ☒ Observation of resident's clinical competency
- ☒ Observation of resident's leadership and teaching skills
- ☒ Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- ☒ Resident's attendance of rounds and conferences monitored
- ☐ Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The VA strengthens this rotation by providing patient care assistants to perform ancillary services, including phlebotomy, transportation, EKG's, etc. An upgraded user-friendly computer system facilitates access to clinical laboratory and radiologic data. No major limitations of the sponsoring institution have been noted.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	VA	Daily	9:00-11:00 am
Radiology Rounds	VA	2-3/wk	variable
CPC	VA	Friday	12:00-1:00 pm

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on April 19, 2005.

Updated April 2005

Name of rotation: Emergency Care Services

Division: Emergency Medicine

Course Director: David Jerrard, M.D.

Site(s): VA

Duration of rotation: ☐ one month only
☒ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

Emergency Care Services (ECS) is a Level-II emergency care facility providing both acute and non-acute care to the veterans in Baltimore and surrounding communities. Residents will learn to evaluate medical complaints with an emphasis on early intervention and to recognize those conditions that can be evaluated and treated on an outpatient basis. Each month three residents (R-2s and R-3s) and three medical interns are assigned to rotate through ECS. With over 700 patients triaged through ECS weekly, residents are exposed to a wide range of medical problems and acuity. Through individual supervision and case review with an attending, residents learn the necessary skills to recognize and treat this wide range of medical conditions. Residents also learn about quality improvement, medical ethics and cost containment in episodic and emergency care. Medical residents interact with all medical and surgical subspecialty services to provide patients with the most comprehensive care possible. Residents attend a weekly seminar led by the primary care chief resident. They are also required to attend Medical Grand Rounds and CPC each week.

Resident responsibilities, including interns and residents:

R-2 and R-3 residents are assigned to the acute area and are responsible for evaluation, treatment and disposition of patients triaged to that area. They are responsible for documentation of the visit and for arranging all appropriate follow-up services. Interns are assigned to the non-acute portion of ECS, which functions primarily as a walk-in clinic. The intern is responsible for evaluating a patient's chief presenting problem with documentation of a history, physical exam, pertinent lab data and x-rays, diagnosis and appropriate follow-up care. Interns are expected to follow-up on all labs, x-rays and cultures ordered while they remain in the rotation.

Educational objectives: During this rotation, the PGY-2, 3 and above will:

Patient Care

1. Initiate management for patients with acute medical conditions.
2. Prioritize patient management based on acuity of presenting illness.
2. Supervise procedures including ACLS protocols, paracenteses, thoracenteses, arthrocenteses, lumbar punctures, arterial blood gases, central venous access and when applicable, minor surgical procedures.
3. Improve independence in the initial evaluation and management of a wide range of urgent/emergent medical conditions.

Medical Knowledge

1. Recognize medical conditions requiring acute intervention and hospitalization.
2. Discuss the diagnosis and evaluation of common conditions presenting to ECS.

Interpersonal and Communication Skills

1. Enhance leadership, interpersonal and teaching skills.
2. Communicate effectively and respectfully with members of the health-care team.
3. Demonstrate the ability to share pertinent medical information with patients and their families in a timely fashion and in a manner the patient can understand.

Systems-Based Practice

1. Identify, utilize and coordinate additional resources both within and outside the institution as necessary in order to plan a safe discharge from an ER setting.

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, |
| <input type="checkbox"/> Other: _____ | including radiology |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents evaluate patients with illnesses encompassing all aspects of internal medicine. The resident will perform the initial evaluation of many surgical and neurologic problems. Clinical encounters include direct supervision of residents while they are evaluating patients, and case reviews and discussions with an attending physician.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- ☒ Evaluation of residency performance and professionalism
- ☒ Evaluation of attending teaching skills and other attributes
- ☒ Rotation assessment by resident
- ☒ Observation of resident's clinical competency
- ☒ Observation of resident's leadership and teaching skills
- ☒ Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- ☒ Resident's attendance of rounds and conferences monitored
- ☐ Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The main strength of this rotation is that residents will be exposed to patients with a broad range of medical illnesses in both acute and chronic states, allowing the residents to recognize a given disease in its various stages. Along those same lines, there is sufficient volume to allow residents to appreciate how the same illness may have many different presentations. One limitation of the rotation at this time is that the majority of the patient population is male. However, more female veterans are using these services than ever before.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

Name	Location	Day	Time
Seminar with PC Chief Resident	ECS-VA	Variable	Variable
Medical Grand Rounds	STC	Wednesday	12:15-1:15
Clinicopathologic Conference	VA	Friday	12:00-1:00

Updated April 2005

Name of rotation: Cardiology Inpatient Service
(Blue Team)

Division: Cardiology

Course Director: Robert Peters, M.D.

Site(s): VA

Duration of rotation: ☒ one month only
☐ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The resident is an integral part of the Cardiology inpatient team (consisting of an attending physician, cardiology fellow, 1-2 upper level residents, 2-3 interns (total of 4 house officers per month), a senior medical student and rarely junior medical students). Up-to-date cardiology inpatient care is taught with emphasis on physical examination, interpretation of non-invasive and invasive laboratory tests and cost-effective compassionate management. Longitudinal care decision making is taught with emphasis on timing the length of stay in the CCU versus step-down unit versus discharge to clinic follow-up. Daily attending rounds are held seven days a week.

Resident responsibilities, including interns and residents:

The R-1 residents are responsible for patient care (with supervision) in the CCU, step-down unit and ward. These responsibilities include the initial work-up and follow-up of a subgroup of patients and sharing night-call coverage. The senior resident is responsible for supervision of the R-1's and oversees patient management.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

During this rotation, the PGY-1 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Admit up to 5 patients in 24 hours (or 8 in 48 hours), detailing comprehensive history, physical examination, evaluation and management plan.
3. Write daily progress notes for all patients assigned to the intern.
4. Develop efficiency in providing cross-coverage to patients cared for by other interns and on other teams.
5. Demonstrate comprehensive and logical diagnostic approach to the patient with chest pain
6. Discuss the therapy of acute coronary syndromes (including acute myocardial infarction)
7. Perform an accurate physical examination of the patient with cardiac disease
8. Analyze basic and increasingly complex EKG's
9. Evaluate and manage atrial fibrillation and other arrhythmias effectively
10. Develop an effective and evidence-based algorithm for risk factor modification

Medical Knowledge

1. List the indications, risks and therapeutic use of invasive electrophysiology studies.
2. Discuss and demonstrate the evaluation and management of patients with heart failure, new and chronic with exacerbations.
3. Interpret basic and increasingly complex EKG's.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills – See master list for these competencies.

1. Enhance their interpersonal, leadership and teaching skills.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.

During this training, the PGY-2, 3 and above resident will:

Patient Care

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate comprehensive and logical diagnostic approach to the patient with chest pain
3. Discuss the therapy of acute coronary syndromes (including acute myocardial infarction)
4. Perform an accurate physical examination of the patient with cardiac disease
5. Analyze basic and increasingly complex EKG's
6. Evaluate and manage atrial fibrillation effectively
7. Develop an effective and evidence-based algorithm for risk factor modification
8. Develop increasing independence in patient evaluation and management.
9. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate ability to analyze and treat treatment of complex cardiac arrhythmias.
3. List the indications, risks and therapeutic use of invasive electrophysiology studies.
4. Discuss and demonstrate the evaluation and management of patients with heart failure, new and chronic with exacerbations.
5. Interpret basic and increasingly complex EKG's.
6. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.

3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

Check all principle teaching methods used during this rotation:

- | | | | |
|---|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> [x] | Attending teaching rounds | <input checked="" type="checkbox"/> [x] | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> [x] | Patient management discussions | <input checked="" type="checkbox"/> [x] | Small group discussions |
| <input type="checkbox"/> [] | Conferences specific to rotation | <input checked="" type="checkbox"/> [x] | Bedside clinical rounds |
| <input type="checkbox"/> [] | Individual instruction of procedures | <input checked="" type="checkbox"/> [x] | Review of diagnostic studies, including radiology |
| <input type="checkbox"/> [] | Other: _____ | | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Exposure to a wide mix of inpatient cardiology and internal medicine, and gaining a general familiarity with cardiovascular diagnostic and therapeutic techniques.

Check the principal ancillary education materials used:

- | | | | |
|---|-----------------------------|---|------------------------------|
| <input type="checkbox"/> [] | Reading lists | <input type="checkbox"/> [] | Pathologic material |
| <input checked="" type="checkbox"/> [x] | Radiologic studies | <input checked="" type="checkbox"/> [x] | Other noninvasive studies |
| <input type="checkbox"/> [] | Handouts on relevant topics | <input checked="" type="checkbox"/> [x] | Articles from the literature |
| <input type="checkbox"/> [] | Other: _____ | <input type="checkbox"/> [] | Case studies |

Methods used to evaluate the resident and the rotation:

- | | |
|---|---|
| <input checked="" type="checkbox"/> [x] | Evaluation of residency performance and professionalism |
| <input checked="" type="checkbox"/> [x] | Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> [x] | Rotation assessment by resident |
| <input checked="" type="checkbox"/> [x] | Observation of resident's clinical competency |
| <input checked="" type="checkbox"/> [x] | Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> [x] | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input checked="" type="checkbox"/> [x] | Resident's attendance of rounds and conferences monitored |
| <input type="checkbox"/> [] | Other: _____ |

Identify strengths and limitations specific to the resources of the sponsoring institution:

Strengths: Wide variety of pathology - both cardiac and general medicine among the patient population, appreciative patient population.

Limitations: Few women patients.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	VA	Daily	9:00-11:00 am
EKG Conference	Gudelsky	2nd & 4th Monday	12:00 noon
Echo Conference	Gudelsky	Tuesday	1:00 pm
Cardiology Grand Rounds	Borges	Thursday	12:00 noon
Nuclear/MRI Conference	UMH	Every other Thursday	8:00 am
Cardiology Case Management Conf	UMH	Wednesday	8:00 am

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on April 19, 2005.

Updated April 2005

Name of rotation: MICU and Pink Teams Division: Pulmonary & Critical Care Med

Course Director: Carl Shanholtz, M.D. (UMH) Site(s): UMH & VA
Sylvain DeLisle, M.D. (VA)

Duration of rotation: ☒ one month only
☐ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The MICU receives patients primarily from the medical wards, emergency room and transfers from community hospitals. The main goal of this rotation is to provide a milieu for the team to learn the principles of critical care medicine. The medical team at University Hospital consists of a critical care fellow, two upper level residents and 4 R-I's, and a subintern caring for 10 critical care and 6 step-down (IMC) patients. The VA team consists of one upper level resident and 2 R-I's plus a subintern who care for 10 critical care patients. Residents care for critically ill patients with a broad variety of medical illnesses under the guidance of a full-time faculty member from the Division of Pulmonary and Critical Care Medicine. Residents learn the basic and advanced clinical skills required for intensive care medicine through daily rounds with the fellow and faculty member. Emphasis is placed on invasive and non-invasive diagnostic/monitoring procedures, physiology, cost containment, and medical ethics. Residents are encouraged to use library resources to obtain current literature on disease processes and management.

Resident responsibilities, including interns and residents:

The resident's clinical and teaching responsibilities are detailed in the Resident Responsibility document developed by the residents in June 1993. The resident is expected to assist the critical care fellow in supervising the team members, managing the clinical care of the patients, and educating the interns and students. The critical care fellow has primary care responsibility for all patients admitted to the MICU, including complete history and physical examination, daily progress notes, documentation of all procedures and teaching of residents, interns, and students. All residents are expected to attend Morning Report, Grand Rounds, CPC, Ambulatory Care Seminars, Journal Club, and the Division of Pulmonary and Critical Care conferences during this rotation.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

During this rotation, the PGY-1 resident will:

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Demonstrate ability to care for critically ill patients as well as principles of cost containment, psychosocial issues and medical ethics through a multidisciplinary approach.
3. Admit up to 5 patients in 24 hours (or 8 in 48 hours), detailing comprehensive history, physical examination, evaluation and management plan.
4. Write daily progress notes for all patients assigned to the intern.
5. Develop efficiency in providing cross-coverage to patients cared for by other interns.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.

2. Expand their knowledge base in critical care medicine, e.g., sepsis, renal failure, respiratory failure, GI bleeding, stroke, toxic exposures, TTP and other hematologic diseases, among others.
3. Learn basic ventilatory management of the critical care patient.
4. Attain certification in diagnostic and therapeutic procedures, e.g., arterial line, central venous line, endotracheal intubation, thoracentesis, paracentesis, and lumbar puncture.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

Interpersonal and Communication Skills – See master list for these competencies.

1. Enhance their interpersonal, leadership and teaching skills.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.

During this training, the PGY-2, 3 and above resident will:

Patient Care

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate ability to care for critically ill patients as well as principles of cost containment, psychosocial issues and medical ethics through a multidisciplinary approach.
3. Develop increasing independence in patient evaluation and management.
4. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Expand their knowledge base in critical care medicine.
3. Attain certification in diagnostic and therapeutic procedures, e.g., arterial line, central venous line, endotracheal intubation, thoracentesis, paracentesis, and lumbar puncture.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attending teaching rounds | <input checked="" type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input checked="" type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input checked="" type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |
| <input type="checkbox"/> Other: _____ | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

Residents care for a wide variety of critically ill patients. The MICU attending utilizes each case for teaching and is the physician of record for all patients. Clinical encounters include rounds and direct patient care.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input checked="" type="checkbox"/> Pathologic material |
| <input checked="" type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- ☒ Evaluation of residency performance and professionalism
- ☒ Evaluation of attending teaching skills and other attributes
- ☒ Rotation assessment by resident
- ☒ Observation of resident's clinical competency
- ☒ Observation of resident's leadership and teaching skills
- ☒ Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- ☒ Resident's attendance of rounds and conferences monitored

Identify strengths and limitations specific to the resources of the sponsoring institution:

This is a tertiary referral center which receives critically ill patients with a wide variety of medical conditions. The MICU critical care team has six physicians who are Board certified in critical care and the institution has excellent diagnostic and therapeutic facilities.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	UMH or VA	Daily	9:00-11:00 am
Interdisciplinary Chest Conference	UMH	Wednesday	3:00 pm
Critical Care Lecture Series	UMH	Tuesday/Friday	8:00 am

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on April 19, 2005.

Updated April 2005

Name of rotation: Medical Consultation Service

Division: Medicine

Course Director: Sandra Marshall, M.D. (VA)

Site(s): VA

Duration of rotation: ☒ one month only
☐ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

The Medical Consultation Service consists of inpatient and ambulatory components that provide general medical and preoperative evaluations for the departments of surgery, obstetrics and gynecology, neurology and psychiatry. The Medical Consultation Service provides a unique experience for the medical resident in the following ways: the spectrum of disease encountered is different from that seen on the Medical Service; common medical illnesses are managed differently during the perioperative period than when the patient is admitted to the Medical Service; and the clinical approach to patients undergoing surgery involving elucidation of the medical factors which may increase the risk of anesthesia and surgery and formulation of a management plan to minimize risk is unique to this group of patients.

Resident responsibilities, including interns and residents:

An upper level resident is assigned each month at University Hospital. Residents may elect a 2-4 week rotation at the VA. One resident carries the UMH consult beeper and is primarily responsible for consults at UMH and the other resident is responsible for consults at the VA. The residents see routine and emergency consults on the non-medical services of each hospital on weekdays from 8:00 am - 4:30 pm. A management plan is formulated after the patient is seen and discussed with the consult service attending. The residents are required to attend Preoperative Clinic at the VA and at UMH where they perform ambulatory preoperative evaluations on patients scheduled for inpatient or ambulatory surgery. The residents are on call every fourth night at University. There is no call or weekend shifts at the VA. Intermittently during the year, a senior medical student rotates on this service.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

All objectives pertain to PGY-2, 3 and above residents. PGY-1 residents do not rotate on this service.

Patient Care

1. Develop increasing independence in patient evaluation and management.
2. Assess and make recommendations for management of patients with a variety of medical problems encountered on the non-medical services.
3. Perform a perioperative risk assessment.
4. Manage common medical illnesses during the perioperative period.
5. Manage common postoperative complications.
6. Assess and manage common medical problems during pregnancy.

Medical Knowledge

1. Expand knowledge base in internal medicine per specialty-specific objectives.

Practice-Based Learning

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

Interpersonal and Communication Skills – See master list for these competencies.

1. Demonstrate oral and written communication skills required for effective consultation.

Professionalism – See master list for these competencies.

System-Based Practice

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

Check all principle teaching methods used during this rotation:

- | | | | |
|---|--------------------------------------|---|---|
| <input checked="" type="checkbox"/> [x] | Attending teaching rounds | <input type="checkbox"/> [] | Interdisciplinary rounds |
| <input checked="" type="checkbox"/> [x] | Patient management discussions | <input checked="" type="checkbox"/> [x] | Small group discussions |
| <input type="checkbox"/> [] | Conferences specific to rotation | <input checked="" type="checkbox"/> [x] | Bedside clinical rounds |
| <input type="checkbox"/> [] | Individual instruction of procedures | <input checked="" type="checkbox"/> [x] | Review of diagnostic studies, including radiology |
| <input type="checkbox"/> [] | Other: _____ | | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

The following aspects of the consultation process are emphasized:

1. Establishing the question asked by the consulting service.
2. Documenting the patient's health status based on history and physical examination.
3. Estimating the patient's operative risk level.
4. Identifying those factors which should be corrected or further explored prior to surgery.
5. Making recommendations for administration of medications during the perioperative period, eg. insulin, antihypertensive agents, diuretics.
6. Making recommendations for DVT prophylaxis based on the patient's risk level and the type of procedure.
7. Making recommendation for endocarditis prophylaxis based on the patient's clinical status.
8. Communicating recommendations to the consulting service in an effective manner.

Check the principal ancillary education materials used:

- | | | | |
|---|-----------------------------|---|------------------------------|
| <input checked="" type="checkbox"/> [x] | Reading lists | <input type="checkbox"/> [] | Pathologic material |
| <input checked="" type="checkbox"/> [x] | Radiologic studies | <input checked="" type="checkbox"/> [x] | Other noninvasive studies |
| <input checked="" type="checkbox"/> [x] | Handouts on relevant topics | <input checked="" type="checkbox"/> [x] | Articles from the literature |
| <input type="checkbox"/> [] | Other: _____ | <input type="checkbox"/> [] | Case studies |

Methods used to evaluate the resident and the rotation:

- ☒ Evaluation of residency performance and professionalism
- ☒ Evaluation of attending teaching skills and other attributes
- ☒ Rotation assessment by resident
- ☒ Observation of resident's clinical competency
- ☒ Observation of resident's leadership and teaching skills
- ☒ Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- ☒ Resident's attendance of rounds and conferences monitored
- ☐ Other: _____

Identify strengths and limitations specific to the resources of the sponsoring institution:

The Inpatient Consultation Service of the UMH is a busy service with 30-40 consults per month. Approximately half this number of consults are seen at the VA each month. The Preoperative Clinics at both hospitals are well utilized by the surgical services; a full complement of 6 patients is seen at each clinic session.

Clinics:

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Preop Clinic	VA	Variable	9:00 am - 12:00 noon

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on April 19, 2005.

Updated April 2005.

Name of rotation: Women's Health Elective Division: General Internal Medicine

Course Director: Catherine Staropoli, M.D. Site(s): Multiple (see below)

Duration of rotation: ☒ one month only
☐ 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

In order to provide comprehensive primary care to female patients, internists need training in women's health issues. These issues include conditions that are unique to or more common in women such as menstrual disorders, vaginitis, contraception, cervical and breast cancer screening, disorders of menopause and domestic violence. Mastery of women's health issues requires development of skills in breast and pelvic examinations and acquisition of knowledge about presentation, evaluation and treatment of medical problems in women.

Resident responsibilities, including interns and residents:

Residents are required to attend several clinics including:

1. VA Women's Health Clinic
2. Student Health Center at Towson State or UMBC
3. UMH Breast Evaluation Program
4. VA Gynecology Clinic

Residents will develop expertise in a selected topic through completion of an independent project.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation and pertain to residents at all levels of training.

During this rotation, the resident will:

Patient Care

1. Perform competent breast and pelvic examinations, and feel comfortable doing this. Practice making patients more comfortable during a pelvic exam.
2. Identify methods of diagnosis and management of common gynecological symptoms and conditions.
3. Identify preventative health guidelines for women of different age groups.
4. State the various regimens of hormone replacement and side effects of each. State common peri- and postmenopausal symptoms and treatments.
5. Identify signs of abuse and feel comfortable discussing options with patients.
6. Appreciate the importance of gender differences on health and disease.
7. Discuss diagnosis and treatment of incontinence.

Medical Knowledge

1. List the risks and benefits of various contraceptive methods and apply this to counseling patients about their use. Prescribe oral contraceptives and manipulate them appropriately.

Practice-Based Learning - See Core Competencies

Interpersonal and Communication Skills - See Core Competencies

Professionalism - See Core Competencies

System-Based Practice - See Core Competencies

Check all principle teaching methods used during this rotation:

- | | |
|--|---|
| <input type="checkbox"/> Attending teaching rounds | <input type="checkbox"/> Interdisciplinary rounds |
| <input checked="" type="checkbox"/> Patient management discussions | <input type="checkbox"/> Small group discussions |
| <input checked="" type="checkbox"/> Conferences specific to rotation | <input type="checkbox"/> Bedside clinical rounds |
| <input checked="" type="checkbox"/> Individual instruction of procedures | <input checked="" type="checkbox"/> Review of diagnostic studies, including radiology |
| <input checked="" type="checkbox"/> Other: Library research | |

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

1. VA Women's Evaluation Clinic provides preventative and treatment services to women veterans. Visits focus predominantly on cancer screening and prevention (including breast and pelvic exams), contraceptive counseling and prescriptions; prevention, detection and treatment of sexually transmitted diseases; menopause counseling and treatment of symptoms; diagnosis and treatment of menstrual disorders; diagnosis and treatment of other gynecological problems and breast disorders, coronary artery disease risk factor detection and prevention; violence screening and osteoporosis prevention.
2. VA Gyn Clinic provides care for incontinence, abnormal paps and other gynecologic issues.
3. UMH Breast Evaluation Program provides multidisciplinary care of breast diseases.
4. UMH Department of Radiology provides an overview of mammography film interpretation.
5. UMBC or TSU Student Health Centers. Young adults are seen for preventative services and for acute visits.

Check the principal ancillary education materials used:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Reading lists | <input type="checkbox"/> Pathologic material |
| <input type="checkbox"/> Radiologic studies | <input type="checkbox"/> Other noninvasive studies |
| <input checked="" type="checkbox"/> Handouts on relevant topics | <input checked="" type="checkbox"/> Articles from the literature |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Case studies |

Methods used to evaluate the resident and the rotation:

- | |
|---|
| <input checked="" type="checkbox"/> Evaluation of residency performance and professionalism |
| <input checked="" type="checkbox"/> Evaluation of attending teaching skills and other attributes |
| <input checked="" type="checkbox"/> Rotation assessment by resident |
| <input checked="" type="checkbox"/> Observation of resident's clinical competency |
| <input type="checkbox"/> Observation of resident's leadership and teaching skills |
| <input checked="" type="checkbox"/> Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input type="checkbox"/> Resident's attendance of rounds and conferences monitored |
| <input checked="" type="checkbox"/> Other: Evaluation of resident's oral presentation of a library research topic |

Clinics:

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Women's Health Clinic	VA	Tuesday/Friday	8:30am
Gynecology Clinic	VA	Tuesday/Friday	1pm
Mammography	UMPB	Wednesday	am
Breast Evaluation Clinic	UMPB	Wednesday	pm
Student Health	Towson University	Thursday/Monday	am & pm

Unscheduled time is to be used for self study, utilization of virtual patient interviewing concerning the topic of Domestic Violence (CD-ROM can be found in the VAMC library), and preparation for a 20-30 minute talk with handout to be given on the last Friday of the month at the VA Women's Health Clinic.

Updated January 2006